

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01599

Entity Name: CHILDREN'S ADVOCACY CENTER OF SW FLORIDA, INC.**Current Principal Place of Business:**3830 EVANS AVENUE
FORT MYERS, FL 33901**Current Mailing Address:**3830 EVANS AVENUE
FORT MYERS, FL 33901 US**FEI Number:** 65-0007620**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TURNER, JILL L
3830 EVANS AVENUE
FORT MYERS, FL 33901 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	PAUL, ELIZABETH
Address	13823 LILY PAD CIRCLE
City-State-Zip:	FORT MYERS FL 33907

Title	D
Name	SCHULTZ, BRUCE
Address	11741 PALM BEACH BLVD., #100
City-State-Zip:	FORT MYERS FL 33905

Title	D
Name	DURNWALD, RICHARD
Address	10070 DANIELS INTERSTATE CT., #230
City-State-Zip:	FORT MYERS FL 33913

Title	D
Name	SHAFFER, CYNTHIA
Address	15054 BONAIR CIRCLE
City-State-Zip:	FORT MYERS FL 33908

Title	D
Name	SEIF, PETER
Address	10970 S. CLEVELAND AVE, 406
City-State-Zip:	FORT MYERS FL 33907

Title	D
Name	MARTIN, PAUL
Address	11571 VERANDAH BLVD.
City-State-Zip:	FORT MYERS FL 33905

Title	CEO
Name	TURNER, JILL L
Address	3830 EVANS AVENUE
City-State-Zip:	FORT MYERS FL 33901

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JILL L. TURNER

CEO

02/26/2014

Electronic Signature of Signing Officer/Director Detail_____
Date